

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043113

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 4-9 Primary Registration District No. 5175 Registrar's No. 11

FILED DEC 2 1963

1. PLACE OF DEATH a. COUNTY <u>CAMDEN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>CAMDEN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RUSSELL TWP</u>		c. CITY OR TOWN <u>MACKS CREEK</u>	
Length of stay in 1b <u>10 years</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MACKS CREEK, RURAL ROUTE</u>		d. STREET ADDRESS (If outside, give location) <u>RURAL ROUTE</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>REBECCA JANE WILSON</u>		4. DATE OF DEATH <u>NOVEMBER 23, 1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/15/1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CAMDEN COUNTY, MO.</u>	
11a. FATHER'S NAME <u>JAMES B WILSON</u>		11b. MOTHER'S MAIDEN NAME <u>SUSAN HANKINS</u>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>		12b. SOCIAL SECURITY NO. <u>CHESTER WILSON Tusculumbia, MO.</u>	
13a. NAME OF HUSBAND OR WIFE <u>JOHN P WILSON</u>		13b. NAME OF HUSBAND OR WIFE <u>JOHN P WILSON</u>	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute exsanguination</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <u>Spontaneous hemorrhage</u> into pulmonary tract DUE TO (c) <u>carcinomatous (primary) (metastatic)</u>		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>site unknown</u>		PART III. If deceased was female was there pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>site unknown</u>
20c. TIME OF INJURY Hour <u>8:30</u> Month, Day, Year <u>7-10-63</u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7-10-63 to 11-23-63 and last saw her alive on 11-23-63
Death occurred at 8:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Walter Hedges</u>	22b. ADDRESS <u>Camdenton, Mo</u>	22c. DATE SIGNED <u>11-23-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>11/25/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>NEW HOME Cemetery</u>
23d. LOCATION (City, town, or county) <u>CAMDENTON, MO.</u>		23e. (State) <u>MO.</u>
24. FUNERAL DIRECTOR <u>WALTER HEDGES</u>	25. DATE RECD. BY LOCAL REG. <u>11-26-63</u>	26. REGISTRAR'S SIGNATURE <u>Alda Eldred</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59
10150
20150
3
4 1
5 2
6
7 0
8 2
9 159X
10
11
12 70-2
13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Walter P. Hedge

Licensed Embalmer No. 4265

P. O. Address

CAMDENTON, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.